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Approved for use through 7/31/2006, QMB 0651-0032

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Under the Papersort Reduction Act of 1995, no persons are depland to respond to a collection of information union PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Appl	Application of Decket Number		
_				SALUE I	or Form F	10-0/3	_			<u> </u>			
APPLICATION AS FILED - PART I								SMALL ENTITY			OR SMALL ENDITY		
•	FOR		HAMBER FIL	ED	MAG	ER EXTRA	1	RATE (B)	FEE (B)	1		1	
BASIC FEE (ID CFR 1.18(m), DD, or (CB)		443					1	10.15		1 .	RATE (5)	FEE (8)	
SEARCH FEE CV CFR L.MOL (), or (=0)												<u> </u>	
	WENATION FEE						L			1			
TOTAL CLAIMS OT CFR 1.18(1)				s 20 =	·	\overline{Z}	1	x `		OR	x .		
PADEPENDENT CLAIMS (JT CFR 1.18(9))			e)in	- t		,	1	x	F	1	×		
E	PLICATION SIZE	2) 15 00	eets of pape 8250 (\$125) ldillonal 50 el	r, Che aq or smai rests o	pplication s entity) for traction th	drawings exceed 100 plication size for due entity) for each fraction thereof. See and 37 CFR 1.16(s).				_			
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Ų	TIPLE DEPEN	ENTON	M PRESENT F	17 CFR 1	.18@)	J	<u></u>			·			
"If the difference in column 1 is less than 2010, enter "I" in column 2.								TOTAĻ.	<u> </u>		TOTAL		
"CATION AS AMENDED -PARTIF / / / / / / / / / / / / / / / / / / /								' */		-	•		
scate is (Cohena 2) (Cohena 3)								SMALL ENTITY		OR OTHER THAN			
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ENDMENT A		AFTI AFTI AMENDI	R.	PFR	LAMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE (8)	ADDI- TICNAL FEE (\$)		RATE (3)	ADDI- TIONAL FEE (S)	
	COLOR CHAND	3	5 Man	•1=	37			×		OR	× •		
	independent (27 CPR LLISQE)	3	Minu		5	7		:	1	OR	x =		
S١	Application Siz	Fee (37 (FR 1.15(t))			/				.			
₹.	RIRST PRESENTATION OF HULTIPLE DEPENDENT CLAIM (27 CFR 1.15(2)						П			OR			
							٠.'	TOTAL ADD'L FEE		OR	TOTAL ADOL FEE		
		(Coturno	1)	0	Column 2)	(Column 3)					_		
8	-	CLAIR REMARK AFTE AMENDA	ING R	H N PRE	IGHEST LIMBER EVIOUSLY MD FOR	PRESENT EXTRA		RATE (8)	ADOI- TIONAL FEE (5)		RATE (\$)	ADDI- TIONAL FEE (5)	
ENDMENT	Total promises	•	More			•			132,07	-	х =	FEE (0)	
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ž	Application Size Fee (37/EFR 1.16(s))							- 1		OR	× -		
q	FIRST PRESENTATION OF MACTIPLE DEPENDENT CLANS (SF CFR 1.100)									OR		··	
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This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to like (and by the USPTO to process) on application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Then will very depending upon the includent case. Any comments on the amount of time your require to complete this form and/or ouggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Puters and Technols Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients; P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2